

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:: Yes

Computer Readable Form (CRF)?:: Yes

Number of Copies of CRF::

Title:: METHODS AND REAGENTS FOR INDUCING IMMUNITY

Attorney Docket Number:: UPT-004

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets:: 10

Small Entity?:: No

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

### Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name:: T.

Family Name:: Lotze

Name Suffix::

City of Residence:: Pittsburgh

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State or Province of Residence:: PA  
Country of Residence:: US  
Street of Mailing Address:: 5134 Westminster Place  
City of Mailing Address:: Pittsburgh  
State or Province of Mailing Address:: PA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 15232

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Hideaki  
Middle Name::  
Family Name:: Tahara  
Name Suffix::  
City of Residence::  
State or Province of Residence:: Tokyo  
Country of Residence:: JP  
Street of Mailing Address:: 1-34-15-402  
Zoshigaya, Toshima-ku  
City of Mailing Address:: Tokyo  
State or Province of Mailing Address:: Tokyo  
Country of Mailing Address:: JP  
Postal or Zip Code of Mailing Address:: 171-0032

#### **Correspondence Information**

Correspondence Customer Number:: 021323

#### **Representative Information**

Representative Customer Number:: 021323

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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date:
This application	Non Provisional of	60/418,865	October 15, 2002

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee Name:: University of Pittsburgh of the  
Commonwealth System of Higher Education  
City of Mailing Address:: Pittsburgh  
State or Province of Mailing Address:: PA  
Country of Mailing Address:: US

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